

Amended MDR Tracking Number: M4-04-1477-01 (**Previously M4-04-0244-01**)

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on November 8, 2002.

This Amended Findings and Decision supersedes all previous decisions rendered in this medical payment dispute involving the above Requestor and Respondent.

The Medical Review Division's Decision of September 10, 2003, was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of October 6, 2003. An Order was rendered in favor of the Requestor. The Requestor appealed the Order to an Administrative Hearing because the Decision incorrectly reduced the disputed amount by 20%. The work hardening charges were already reduced and billed at 80% of MAR.

I. DISPUTE

An updated Table of Disputed Services was submitted by the Requestor and received by the Division on 8/01/03. Whether there should be reimbursement of \$2,457.60 per the Table of Disputed Services for dates of service 1/7/02, 1/14/02, 1/16/02, 1/17/02, 1/23/02, and 1/24/02 for a Work Hardening program. The Respondent denied reimbursement as "T – Not according to Treatment Guidelines. A – Pre-Authorization Not Obtained." No other issues were raised in the Respondent's audit summaries.

II. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT Code	HOURS	MAR	Billed per HCFA	PAID	EOB Denial Code(s)	REFERENCE	RATIONALE:
01/07/02	97545-WH	2	\$64.00	\$102.40	\$-0-	T; A Same for all dates of service	MFG, MGR II(E)(5); Rules 133.1(a)(12); 133.304(c)	See rationale below.
01/07/02	97546-WH	6	per hr.	\$307.20	\$-0-			
01/14/02	97545-WH	2	\$64.00	\$102.40	\$-0-			
01/14/02	97546-WH	6	per hr.	\$307.20	\$-0-			
01/16/02	97545-WH	2	\$64.00	\$102.40	\$-0-			
01/16/02	97546-WH	6	per hr.	\$307.20	\$-0-			
01/17/02	97545-WH	2	\$64.00	\$102.40	\$-0-			
01/17/02	97546-WH	6	per hr.	\$307.20	\$-0-			
01/23/02	97545-WH	2	\$64.00	\$102.40	\$-0-			
01/23/02	97546-WH	6	per hr.	\$307.20	\$-0-			
01/24/02	97545-WH	2	\$64.00	\$102.40	\$-0-			
01/24/02	97546-WH	3	per hr.	\$153.60	\$-0-			
Totals		45		\$2,304.00	\$-0-			

Commission Rules 133.1 (a)(12) and 133.304 (c) define and require that insurance carriers must use the Commission's payment exception codes to identify the general rationale for reducing or denying payment for a properly completed medical bill. Pursuant to TWCC Advisory 2002-11, payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002.

Based on documentation in the Commission's case file, the injured worker began a work hardening program in December 2001 and did not continue beyond January 31, 2002. Pursuant to TWCC Advisory 2001-14, services rendered in January of 2002 did not require pre-authorization. Based on MFG, MGR (II)(E)(5), work hardening shall be billed at \$64.00 per hour. The Requestor's Table of Disputed Services indicates 48 hours of work hardening was billed for dates of services 1/7/02, 1/14/02, 1/16/02 1/17/02, 1/23/02 and 1/24/02. According to the HCFA-1500's for the dates of service in dispute, the Requestor billed for 45 hours of work hardening. Therefore, reimbursement is recommended for 45 hours as billed. The Requestor is a non-CARF accredited facility and reimbursement will be at 80% of MAR. (\$64.00 MAR x 45 hrs. = \$2,880.00 x 80% = \$2,304.00)

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for the referenced CPT codes in the

amount of \$2,304.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$2,304.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Decision and Order are hereby issued this 17th day of October 2003.

Medical Dispute Resolution Officer
Medical Review Division

Medical Dispute Resolution
Medical Review Division